## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S) 09/871712

CLAIMS

AS FILED	
1       1       51       52         3       4       53       54       55         6       55       55       55       56       57       58       59       59       59       59       59       59       60       60       61       61       62       63       64       64       64       64       65       66       67       67       68       69       69       69       69       69       69       69       69       69       69       69       60	DEP.
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TOTAL IND.  TOTAL 19  TOTAL 19	<b>」</b> ₄•
1 DEF.   1/7   1   1   DEF.	
TOTAL CLAIMS TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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